AMINOD Comparison Comparis	MI:	SSC	DURI	DI	VIS	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $\frac{-62-004523}{204}$
PART 1982 1982 1983	- AH	IME	MENDER	PU	er. P	egistration District No. 318 Primary Registration District No. 1003 Registrar's No. STATE FILE NUMBER
Description	· I	1 1	MENDED	1		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
MOSPITAL OR Missouri Baptist Hospital Vet Mo ADDRESS 225 Edmundson Vet Mospital No Missouri Missouri Middle Missouri Middle Missouri Middle Missouri Middle Missouri Missour		DED			l —	MISSOUI CO. FOUR
MOSPITAL OR Missouri Baptist Hospital Vet Mo ADDRESS 225 Edmundson Vet Mospital No Missouri Missouri Middle Missouri Middle Missouri Middle Missouri Middle Missouri Missour		Å.				OR OR IOWN St. Louis, Missouria
3. NAME OF DECEASED First William Otto Shettlesworth Death Deceased Deceas		¥				
(Type or print) William Ottis Shettlesworth OCATION Grand S. SEX O. COLOR GRACE White White Obvioused Shill 1904 White Obvioused Shill 1904 OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive kind of work done during most of working life, even if relied) OCATION Glive And the working life, even if relied life working life, even if reli		DATE DATE			_	HOSPITAL OR INSTITUTION Missouri Baptist Hospital Yes 10 No 11 ADDRESS 3225 Edmundson Yes 11 No 12
5. SEX S. COLOR OR RACE T. Married Never Married B. DATE OF BIRTH P. AGE (last birthday) FUNDER 7 P. Mouris Mouri		П		1	_	(Type or print)
Male White Widowed Divorced & 8/11/1901 57 Months Days Hours M Divorced & 10.5 King Days Hours M Divorced & 11/1901 57 Months Days Hours M Divorced M Divorced & 11/1901 57 Months Days Hours M Divorced M Divorced M Divorced M Divorced M Divorced & 11/1901 57 Months Days Hours M Divorced M Divorce M Divorced M Divorced M Divorced M Divorced M						WITTER COME DIRECTION CONTRACTOR STATES
10. STATE 10.	-				ŀ	Widowed D Divorced & 18/11/1001 C7 Months Days Hours Min.
Tas. FATHER'S NAME Independent Packing Blytheville, Arkansas U.S.A. Ia. NAME OF HUSBAND OR WIFE Ia. NAME OF HUSBAND	-					a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 13. MOTHER'S MADEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY 17. INFORMANY 18. Address 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause per line is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause is 18. CAUSE OF DEATH (Enter only one cause condition given in PART 18.) ONE COUNTY 18. ONE COUNTY 1	_\§				G	uard Independent Packing Blytheville.Arkansas. U.S.A.
TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	13				1:	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
(Yes, no, or unknown) (If yes, give way or dates of service with the part of t	- 1	łl			Ę	lijah Shettlesworth Lou Crane Gladys Shettlesworth
The conditions of the part in the course per line of the part in the part in the course of the part in the part in the course of the part in the p	-S				0	(es, no, or unknown) (If yes, give war or dates of service
Conditions, if any, which gave rise (p) starting the under (p) sta	ᆲ	1		_	¥	18. CAUSE OF DEATH (Enter only one cause per line fo
Which gave rise to above cause (a), stating the under lying cause last. DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 are a pregnancy in last 90. PART III. If deceased was female there a pregnancy in last 90 are a pregnancy in last 90. 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO. 20. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATING WHILE AT WORK 100 are a pregnancy in last 90. 20. INJURY OCCURRED WHILE AT WORK 100 are a possible of the part of t	- 1			VEN		
Which gave rise to above cause (a), stating the under lying cause last. DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 are a pregnancy in last 90. PART III. If deceased was female there a pregnancy in last 90 are a pregnancy in last 90. 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO. 20. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATING WHILE AT WORK 100 are a pregnancy in last 90. 20. INJURY OCCURRED WHILE AT WORK 100 are a possible of the part of t	S	ō		Ç		INDIREDIATE CAUSE (a)
SYNAMORY NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 19. In artended the deceased from 10. 19. WAS AUTOPSY 20e. PLACE OF INJURY (e.g., in or about home, 19. In artended the deceased from 10. 19. WAS AUTOPSY 20e. PLACE OF INJURY (e.g., in or about home, 19. In artended the deceased from 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		ΕĂ		8		
STATE STAT	⊢SE	NSI				mhorre cause (a)
19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of irem 18.) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of irem 18.) 20c. TIME OF Hour Month, Day, Year Injury e.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATION 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldgs, 4m) 21. 1 attended the deceased from 10 2 30 A . M m on the date stated above, and to the best of my knowledge, from the causes stated. 22c. DATE SIGNATURE				1		tying cause last.) Due to (c)
20c. TIME OF Hour Month, Day, Year NJURY 20c. TIME OF Hour Month, Day, Year NJURY 20c. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg, ver) NOT WHILE AT WORK 10 30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 21. 1 attended the deceased from	76		11		ĕ	
20c. TIME OF Hour Month, Day, Year NJURY 20c. TIME OF Hour Month, Day, Year NJURY 20c. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg, ver) NOT WHILE AT WORK 10 30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 21. 1 attended the deceased from	ZTS				3	☐ Yes ☐ No ☐ Unknown
20c. TIME OF Hour Month, Day, Year NJURY 20c. TIME OF Hour Month, Day, Year NJURY 20c. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg, ver) NOT WHILE AT WORK 10 30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 21. 1 attended the deceased from	WE				ERTIF	PERFORMED? /
20d. INJURY OCCURED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATION ON WHILE AT WORK 21. 1 attended the deceased from 10,1953, to 10,1962 and last saw her alive on 20,1962 and last saw	AMEND					YES NO
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg, ver) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg, ver) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg, ver) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg, ver) 21. 1 attended the deceased from) iii	INJURY a.m.
NOT WHILE AT WORK 21. 1 attended the deceased from 10,1953, to Jan 5,1962 and last saw her alive on 20,30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 22s. SIGNATURE (Degree or title) 22b. ADDRESS 260 Effection 1-8 to 25 t					₹	
Death occurred at						NOT WHILE AT WORK
Death occurred at		EAD				21. Lattended the deceased from Oct 16, 1953, to Jan 0, 1962 and last saw her alive on Jan 5-, 1962
NAME OF CENETERY OF CENETERY OF CENETERY OF COUNTRY AND THE PROPERTY AND THE PROPERT		O R				10:30 A.M V
NAME OF CENETERY OF CENETERY OF CENETERY OF COUNTRY AND THE PROPERTY AND THE PROPERT	Н	S S		OF.		22c. DATE SIGNED
236. BURIAL, (REMATION, 23b. DATE 100c. NAME OF CEMETERT OR CREMATION 23d. LOCATION (1979, 10wn, or county) (State)		동		VIT	I _	Julice Carried Ma 2001-00 Jefferson 1-862
		ö		IDA	2:	T dear OVAI (Specify)
Z Removal 1/0/02 Elimwood Ceme Cerry Dry (Teville, Arkansas - 24 Funeral Director Address 25. Date Recd. By Local Reg. 26. Degistrar's signature		NON Y		AFFIDA	-2	
Address 25. Date Recd. By Local Rec. 26. Degistrar's signature 26. Date Recd. By Local Rec. 26. Degistrar's signature 27. Date Recd. By Local Rec. 28. Degistrar's signature 28. Date Recd. By Local Rec. 28. Degistrar's signature 28. Date Recd. By Local Rec. 28. Degistrar's signature 28. Date Recd. By Local Rec. 28. Degistrar's signature 28. Date Recd. By Local Rec. 28. Degistrar's signature 28. Date Recd. By Local Rec. 28. Degistrar's signature 28. Date Recd. By Local Rec. 28. Date Recd. By Local Recd. By Loca		IEI				The state of the s

STATEMENT BY LICENSED EMBALMER

..... i & } { " "

• • • · Lide of

or by	***		, Student Embalmer	No
working un	der my personal supervision.	**	Aury E. Mo	,
Student		\$igned_	Jarry C. 16	nsol
	Signature of Student Embalmer			
			Licensed Embalmer No	4495
«		•	P. O. Address	Louis

Not	e: The above MUST BE SIGNED	BY THE LICENSED EMBA	LMER in his OWN HANDWRITING.	(Failure to comp
	ove constitutes grounds for revocat		· •	
lf e	mbalmed by a STUDENT, he also sh nis body is not embalmed, fact shou	hall sign in his OWN han	dwriting.	
እ	nis body is not embalmed, tact shou	ald-be so statediaptove. 💳		